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Approved for use through 11/30/2005. OMB 0651-0035  
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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	See Exhibit B
Filing Date	
First Named Inventor	
Art Unit	
Examiner Name	
Attorney Docket Number	6UID-6ENI

To: Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client has requested the files be transferred per the attached letter (Exhibit A.)

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

### CORRESPONDENCE ADDRESS

☐ Customer Number  →

Place Customer Number  
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Alan W. Cannon				
Address	834 South Wolfe Road				
Address					
City	Sunnyvale	State	CA	Zip	94086
Country	US				
Telephone	408.736.3554			Fax	408.736.3564
<input checked="" type="checkbox"/>	This request is made on behalf of myself and				
<input type="checkbox"/>	all the attorneys/agents of record.				
<input type="checkbox"/>	the attorneys/agents (with registration numbers) listed on the attached paper(s), or				
<input checked="" type="checkbox"/>	the attorneys/agents associated with Customer Number <input type="text" value="24353"/>				

This request is enclosed in triplicate (including any attachments).

Name	Karl Bozicevic, Reg. No. 28,807
Signature	<i>[Signature]</i>
Date	February 24, 2003

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.